

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/516812**

FILING DATE

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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/		/			
2		1		1			52		1		1		
3		2		1			53		2		1		
4		0		1			54		0		1		
5		0		1			55		0		1		
6		0		1			56		0		1		
7		0		1			57						
8		0		1			58						
9	/		/				59						
10		1		1			60						
11		2		1			61						
12		2		1			62						
13		2		1			63						
14		0		1			64						
15		0		1			65						
16	/		/				66						
17		1		1			67						
18		2		1			68						
19		0		1			69						
20		0		1			70						
21		0		1			71						
22		0		1			72						
23		0		1			73						
24		0		1			74						
25		0		1			75						
26		0		1			76						
27	/		/				77						
28		1		1			78						
29		2		1			79						
30		0		1			80						
31		0		1			81						
32	/		/				82						
33		1		1			83						
34		2		1			84						
35		2		1			85						
36	/		/				86						
37		1		1			87						
38		2		1			88						
39		0		1			89						
40		0		1			90						
41		0		1			91						
42	/		/				92						
43		1		1			93						
44		2		1			94						
45		0		1			95						
46		0		1			96						
47	/		/				97						
48		1		1			98						
49		2		1			99						
50		0		1			100						
TOTAL IND.	9	↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	59	←	27	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	68		33				TOTAL CLAIMS						